



# CENTRAL DISTRICT HEALTH DEPARTMENT CHILDCARE INSPECTION REQUEST FORM

Central District Health Department must inspect all facilities applying for a child care license or will receive funding from the Idaho Child Care Program (ICCP). Mail or bring this form along with the appropriate fee to:

ADA COUNTY-Phone: (208) 327-8530 or (208) 327-8526 FAX: (208) 327-8553  
707 N. Armstrong Place Boise, ID 83704  
E-MAIL: [kcheney@cdhd.idaho.gov](mailto:kcheney@cdhd.idaho.gov) or [nferney@cdhd.idaho.gov](mailto:nferney@cdhd.idaho.gov)

ELMORE COUNTY-Phone: (208) 587-9225 FAX: (208) 587-3521  
520 E. 8<sup>th</sup> Street North, Mountain Home, ID 83647  
E-MAIL: [mjones@cdhd.idaho.gov](mailto:mjones@cdhd.idaho.gov)

VALLEY COUNTY-Phone: (208)634-7194 FAX: (208)634-2174  
703 N. 1<sup>st</sup> Street, Mc Call, ID 83638 E-MAIL: [jkriz@cdhd.idaho.gov](mailto:jkriz@cdhd.idaho.gov)

NEW \_\_\_\_ RENEW \_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_ CHANGE OF ESTABLISHMENT NAME \_\_\_\_

LICENSED BY: CITY OF \_\_\_\_\_ MAXIMUM NUMBER OF CHILDREN \_\_\_\_

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMERGENCY PH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WATER:	PUBLIC	_____	SEWER:	PUBLIC	_____
	PRIVATE	_____		PRIVATE	_____
	OTHER	_____		OTHER	_____

*I hereby certify that all information contained in this application is accurate and complete and authorize the health authority access to this property for purpose of childcare health and safety inspection.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OFFICE USE

ESTAB. # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIVED BY \_\_\_\_\_ INTERVAL \_\_\_\_  
COUNTY CODE \_\_\_\_ JURIS. \_\_\_\_ PROGRAM CODE \_\_\_\_ EST. TYPE \_\_\_\_ SERVICE CODE \_\_\_\_  
EHS# \_\_\_\_\_ ICCP? YES \_\_\_\_ NO \_\_\_\_ MAIL CODE \_\_\_\_  
ACTIVATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ NEXT INSPECTION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_